

**Dalton Water Association**  
**6360 N.4<sup>TH</sup> Street**  
**Dalton Gardens, Idaho 83815**  
**Office: 208-772-5639 Fax: 208-772-4568**  
**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

**Customer Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Dalton Gardens, ID 83815**

**Type of Hazard Isolated:** \_\_\_\_\_

**Location of Assembly:** \_\_\_\_\_

**Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Serial Number:** \_\_\_\_\_ **Size:** \_\_\_\_\_

**Line pressure at time of test:** \_\_\_\_\_ **PSID**

|  | Check valve #1                              | Check valve #2                              | Relief valve                                  | PVB/SVB   | Shut off Valves          |                          |   |        |                          |                          |
|--|---|---|---|---|--------------------------|--------------------------|---|--------|--------------------------|--------------------------|
|  |   |   |   |   |                          | #1                       | #2  |        |                          |                          |
| <b>Initial Test</b>                                | <input type="checkbox"/> Held at _____ PSID | <input type="checkbox"/> Held at _____ PSID | <input type="checkbox"/> Opened at _____ PSID | <input type="checkbox"/> Air Inlet Opened at _____ PSID | Closed tight             | <input type="checkbox"/> | <input type="checkbox"/>                          |        |                          |                          |
|  | <input type="checkbox"/> Closed Tight       | <input type="checkbox"/> Closed Tight       | <input type="checkbox"/> Did not open         | <input type="checkbox"/> Did not open                   |                          |                          |   | Leaked | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/> Leaked             | <input type="checkbox"/> Leaked             |   | <input type="checkbox"/> Check held at _____ PSID       |                          |                          |   |        |                          |                          |
|  |   |   |   | <input type="checkbox"/> Leaked                         |                          |                          |   |        |                          |                          |
| <b>REPAIR</b>                                      | <input type="checkbox"/> CLEANED            | <input type="checkbox"/> CLEANED            | <input type="checkbox"/> CLEANED              | <input type="checkbox"/> CLEANED                        | CLEANED                  | <input type="checkbox"/> | <input type="checkbox"/>                          |        |                          |                          |
|  | <input type="checkbox"/> <u>REPLACED:</u>   | <input type="checkbox"/> <u>REPLACED:</u>   | <input type="checkbox"/> <u>REPLACED:</u>     | <input type="checkbox"/> <u>REPLACED:</u>               | REPLACED                 | <input type="checkbox"/> | <input type="checkbox"/>                          |        |                          |                          |
|  | <input type="checkbox"/> Disc               | <input type="checkbox"/> Disc               | <input type="checkbox"/> Disc                 | <input type="checkbox"/> Air Inlet Disc                 |                          |                          |   |        |                          |                          |
|  | <input type="checkbox"/> Spring             | <input type="checkbox"/> Spring             | <input type="checkbox"/> Spring               | <input type="checkbox"/> Air Inlet Spring               | REPAIR                   | <input type="checkbox"/> | <input type="checkbox"/>                          |        |                          |                          |
|  | <input type="checkbox"/> Guide              | <input type="checkbox"/> Guide              | <input type="checkbox"/> Diaphragm            | <input type="checkbox"/> Check Disc                     |                          |                          |   |        |                          |                          |
|  | <input type="checkbox"/> Seat               | <input type="checkbox"/> Seat               | <input type="checkbox"/> Seat                 | <input type="checkbox"/> Check Spring                   |                          |                          |   |        |                          |                          |
|  | <input type="checkbox"/> Hinge Pin          | <input type="checkbox"/> Hinge Pin          | <input type="checkbox"/> O-Ring(s)            | <input type="checkbox"/> Float                          |                          |                          |   |        |                          |                          |
|  | <input type="checkbox"/> Diaphragm          | <input type="checkbox"/> Module             | <input type="checkbox"/> Module               | <input type="checkbox"/> Diaphragm                      |                          |                          |   |        |                          |                          |
| <input type="checkbox"/> Module                    | <input type="checkbox"/> _____              | <input type="checkbox"/> _____              | <input type="checkbox"/> _____                | OTHER   | <input type="checkbox"/> | <input type="checkbox"/> |   |        |                          |                          |
|  | OTHER/NOTES: _____                          |   |   |   |                          |                          |   |        |                          |                          |
|  | _____                                       |   |   |   |                          |                          |   |        |                          |                          |
|  | _____                                       |   |   |   |                          |                          |   |        |                          |                          |
| <b>Final Test</b>                                  | _____ PSID                                  | _____ PSI                                   | <input type="checkbox"/> Opened at _____ PSID | Air Inlet _____ PSID                                    | Closed Tight             | Valves #1 #2             | <input type="checkbox"/> <input type="checkbox"/> |        |                          |                          |
|  | <input type="checkbox"/> Closed Tight       | <input type="checkbox"/> Closed Tight       |   | CK Valve _____ PSID                                     |                          |                          |   |        |                          |                          |
| <b>INITIAL TEST OR REPAIRED BY AND FINAL TEST:</b> |   | <b>CERTIFICATE #</b>                        | <b>GAUGE #</b>                                | <b>COMPANY</b>  | <b>PHONE #</b>           |                          |   |        |                          |                          |
| <b>Test Passed</b>                                 |   | <b>Test Failed</b>                          |   |   |                          |                          |   |        |                          |                          |

Please print clearly or type.  
**“THE ABOVE REPORT IS CERTIFIED TO BE TRUE.”**

**SIGNATURE:** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_